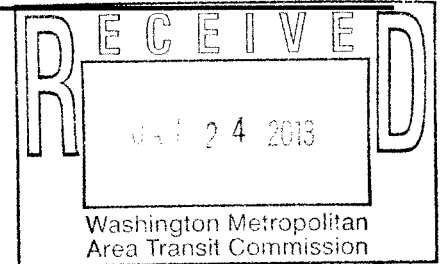


Washington Metropolitan Area Transit Commission

2013 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

1295 | A Fantastic Experience Limousine Service LLC, t/a A Fantastic Experience Limousine Service

*WMATC No. *Name of Carrier (as shown on certificate of authority)

111 West Mill Avenue | | Capitol Heights | MD | 20743-2664
*Street Address of Principal Place of Business | Apt./Suite | City | State | Zip

| | | | |
Mailing Address (if different from street address) | Apt./Suite | City | State | Zip

(301) 336-6970 | | (301) 336-3752 | |
*Telephone | Other Telephone | Fax | E-mail

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

1595469 | | | |
USDOT No. 1595444 | DCTC No. | Virginia DMV passenger carrier No. | Maryland PSC No. 3564

3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. Isaac Reece | President
*Name | *Title
(301) 336-6970 | | (301) 336-3752 | |
*Telephone | Other Telephone | Fax | E-mail

4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

N/A | | | |
Name of Registered Agent for Service of Process | Telephone | E-mail
| | | | |
Agent Address (must be inside Metropolitan District) | Apt./Suite | City | State | Zip

5. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

6. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below **or** (2) attach a complete vehicle list to both pages of this form. Include all required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No

7. ***CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Isaac Reece
***Name** (type or print)
President
***Title** (not required for sole proprietors)

[Signature]
***Signature**
1/22/13
***Date**

Name: A Fantastic Experience Limousine Service LLC

Trade Name: A Fantastic Experience Limousine Service

Carriers are required to provide a complete list of revenue vehicles used in WMATC operations. You may choose from the following options: (1) list your vehicles in the space provided on page 2 of the annual report form; (2) make any necessary corrections to this list and submit it with your annual report; or (3) attach your own vehicle list. Failure to report revenue vehicles may result in a civil forfeiture.

☒ Check this box if all information on this list is complete and accurate.

Fleet No.	*Model Year	*Make	*VIN (17 digits)	*Plate	*State Registered	*Capacity
201	2004	Lincoln	1LNHM81W64Y635378	02649LM	MD	10
201	2003	Lincoln	1LNHM84W83Y658378	03328LM	MD	5